

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Brian Mitchell, Psychologist  
 Easterling Correctional Facility  
 200 Wallace Drive  
 Clio, Alabama 36017

Obcv 439

## 2. Article Number

(Transfer from service label)

7004 1160 0003 5811 2120

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *[Signature]*☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-22-06

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes